

F00000003808

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The BondAmerica Corporation
(Name of corporation)

DOCUMENT NUMBER: F00000003808

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya K. Walsh
(Name of person)

The BondAmerica Corporation
(Name of firm/company)

PO Box 2632
(Address)

Chesterfield Va 23832
(City/state and zip code)

For further information concerning this matter, please call:

Tanya K. Walsh at (804) 748 2838
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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*****35.00 *****35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2002 SEP 24 AM 11:50

R. A. Charge
MFT
9-27-2002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: The BondAmerica Corporation
- The principal office address: 13403 Burnettsdale Drive
Chester Virginia 23831
- The mailing address (if different): PO Box 2632
Chesterfield Virginia 23831
- Date of incorporation/qualification: 7/7/00 Document number: F00000003808
- The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee Florida 32301

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SECRETARY OF CORPORATIONS
2002 SEP 24 AM 11:50

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Provider Assurance, Inc
5001 SW 74th Ct #209
(P.O. Box or personal mailbox NOT acceptable)
Miami Florida 33155

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

Jeffrey D. Clark
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

9/18/02
(Date)

If signing on behalf of an entity:

Provider Assurance, Inc
(Typed or Printed Name)

PRESIDENT
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314